

REQUEST FOR RIDER APPLICATION & QUESTIONNAIRE

Details of Primary Life to be filled in Life Insured and Secondary Life to be filled in the Policyholders column where Primary Life & Secondary Life are 2 different individuals

Policy Number:	<input style="width: 95%;" type="text"/>		
1) Name Mr./Ms.	Surname	First Name	Middle Name
Life Insured	<input style="width: 95%;" type="text"/>		
Policyholder (if different from life insured)	<input style="width: 95%;" type="text"/>		

	Life Insured	Policy Holder (if different from Life insured)
Nationality	Indian <input type="checkbox"/> NRI/PIO <input type="checkbox"/> Others _____	Indian <input type="checkbox"/> NRI/PIO <input type="checkbox"/> Others _____
2) Occupation Details – (please tick whichever is applicable):-	Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Salaried/Employed <input type="checkbox"/> Others _____	Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Salaried/Employed <input type="checkbox"/> Others _____
c) If Housewife, please specify source of income:-		
3) Education Details – (please tick whichever is applicable):-	PostGraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Professional <input type="checkbox"/> Diploma <input type="checkbox"/> HSC <input type="checkbox"/> SSC <input type="checkbox"/> NonMatric <input type="checkbox"/> Illiterate <input type="checkbox"/> Others _____	PostGraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Professional <input type="checkbox"/> Diploma <input type="checkbox"/> HSC <input type="checkbox"/> SSC <input type="checkbox"/> NonMatric <input type="checkbox"/> Illiterate <input type="checkbox"/> Others _____
4) Name & Address of the Present Employer/ Business:		
a) Designation:		
b) Nature of work:		
c) Annual Income:		

5) Rider Details

S. No.	Rider Name	Rider Term	Rider PPT	Premium	Sum Assured (₹)
1)					
2)					
3)					

** Addition of rider would be subject to underwriting and availability of rider as per the product features.

6) To be answered compulsorily	Life insured	Policy Holder (if different from Life insured)
a) Is the life insured/proposer associated with any hazardous occupation or avocation or intends to participate in hazardous hobbies/activities?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Do you have any history of conviction under any criminal proceedings in India or abroad?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Are you a Politically Exposed Person ? (These are the people who hold prominent public function viz. Heads/Ministers of Central or State Govt., Senior Politicians, Senior Govt. Judicial or Military Officials, Senior Executives of Govt. companies, Important Political Party Officials and immediate family members of above persons)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If the answer to any of the above questions is YES, kindly give details below: <input style="width: 90%;" type="text"/>		
<input style="width: 90%;" type="text"/>		

11) Additional Details of Life Insured

Usage of the following	Life Insured (Answer as 'Yes' / 'No')	Average usage per day (past/ present)	Reasons for giving up (if applicable)
Alcohol			
Tobacco			
Any Narcotics			

DECLARATION BY THE LIFE INSURED AND POLICYHOLDER (if different from the Life insured)

I/We declare that I/We have answered the questions in this Rider Addition Form after fully understanding the nature of the questions and the importance of disclosing all information while answering such questions. I/We further declare that the answers given by me / us to all the questions in this form are true and complete in every respect and that I/We have not withheld any material information or suppressed any fact. I/We undertake to notify Kotak Life Insurance of any change in the state of health of the life insured or as to his/her occupation or any decisions about his/her existing policies or proposals subsequent to the signing of this form and before the acceptance of the risk by Kotak Life Insurance. I/We hereby consent to the Company seeking information and any reports from any doctor(s) including hospital - who at any time may have attended to me/us concerning anything, which affects my/our physical or mental health. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority. I agree to undergo all medical tests including blood tests involving HIV antibodies as required by the Company's Underwriting Policy for obtaining the policy. Further I understand that in the event of my being physically examined, the answers given by me to the medical examiner acting on behalf of the Company, shall be deemed to be duly incorporated in this Proposal Form. In event of this proposal not being converted into a policy, the Company reserves the right to recover from me administration charges and medical expenses incurred by the Company.

I/We further declare that the statements/submissions made by me/ us in this Rider Addition Form [including any addendum(s) thereto / all declarations, affidavits and other statements] and/or any information sought for by the Company from any person authorised by me to provide such information, relied upon by the Company to assess the risk on my life under this Form shall form a basis of the contract of insurance between me/us and the Company. I/We further agree, in case of fraud / misrepresentation by me / us, the Policy will be cancelled immediately by the Company in accordance with the Section 45 of the Insurance Act, 1938 and amendments thereto from time to time. I/We understand that the contract will be governed by the provisions of the Insurance Act, 1938, the IRDA Act, 1999 and the Regulations framed there under and that the contract will not commence until the Company's written acceptance of this Proposal Form is received. In case of the life to be insured being a minor, I further declare and affirm that this proposal of insurance is for the benefit of the life to be insured. I/ we hereby confirm that all premiums will be paid from bonafide sources and no premiums have/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.

Life insured		Proposer	
Date:	Place:	Date:	Place:
Signature / Left Thumb impression		Signature / Left Thumb impression	

*If a person other than the Policy Holder fills the form, then the person filling this form on his / her behalf must sign the following declaration:

DECLARATION BY THE PERSON FILLING IN THE FORM (For forms filled in by a scribe or for forms signed in vernacular languages)

I _____, having known the Policy Holder for a period of _____ declare that I have explained the nature of the questions contained on this application to the Policy Holder. I have also explained that the answers to the questions form the basis of the contract of insurance between the Company and the Policy Holder and that if any untrue statement is contained therein the Company shall have the right to vary the benefits which may be payable and further if there has been a non-disclosure of a material fact the policy may be treated as void and all premiums paid under the policy may be forfeited to the Company as per the provisions of Section 45 of the Insurance Act 1938, as amended from time-to-time.

Address of scribe:

Date:

Place:

Signature / Left Thumb impression

Annexure**Guidelines to fill the Rider Addition Form****A] Mandatory Fields:****1] Contact number:**

- Mobile / residence

2] Occupation, Avocation & Residence

- Designation
- Nature of work
- Annual income
- If associated with occupational hazards – relevant Kotak Life Insurance Occupation Questionnaire to be provided if engaged in or intending to take part in hazardous hobbies/activities – Please specify

3] Education:

- Provision of a Income Tax Return 2lacs or professional qualification certificate may help in the granting of higher non-medical limits

4] Personal Details

- If the life insured is minor - Height/weight to be correctly filled
- Proposers height/weight – if WOP Rider applied for or if the plan is Long Life Secure Plus or Headstart Future Protect Joint Life or Wealth Insurance Plus

5] Medical questions

- To be answered in Yes or No Format and wherever Yes – relevant details to be provided
- Proposer column to be filled – If WOP Rider applied for or if the plan Long Life Secure Plus or Headstart Future Protect Joint Life or Wealth Insurance Plan

6] Existing/Applied policies with Kotak Life Insurance or other Insurers: Give details as follows

- Policy no
- Plan details – Sum Assured of base plan and rider if any
- Acceptance Terms –[standard or rated up or declined or deferred or not completed]
- Status – [In force / Lapsed/applied for revival etc.]

7] Habits: (Tobacco/ Alcohol/ Narcotics): If usage of any of the same is "Yes" then please specify:

- Form of consumption – [cigarettes, beedi, pan, Guthka, Beer, Hard liquor]
- Usage per day – [sticks,grams,packets,ml,units,pints]
- Duration

8] If policy holder has signed in vernacular/thumb impression then provide – SCRIBE DETAILS

- Name of scribe
- Complete Address
- Sign
- Date and place of signing

B] Additional Information

1] Alterations:

Alteration in any of the following would require submission of a documentary proof along with request for a change

- Name
- Date of birth
- Residential Address
- Signature [dual sign format with previous and current signatures]
- Education
- Nominee

2] Income Proof Documentation:

a) If the total cover on the life insured including the existing and applied policies with Kotak Life Insurance is more than 15 lacs then latest income proof would be required

b) If total premium paid either as

- Proposer
- Life insured
- Third Party Premium Payer

for all proposals/ policies with Kotak Life Insurance put together is one lakh or more, latest income proof is required

c) If total premium paid either as

- Proposer
- Life insured
- Third Party Premium Payer

for all proposals/policies with Kotak Life Insurance put together is 50 thousand or more, copy of pan card of premium payer is required

3] NRI Clients : Please provide:

- NRI questionnaire
- Copy of all the printed pages of the passport if not submitted earlier
- Current residential address in India

4] Cancellation/overwriting on the MRF – Should be countersigned near the place of overwriting

The above annexure is intended to help in the filling of the Rider Addition Form and to ensure its completeness in all respects. It does not form a part of the Rider Addition application and should not be scanned along with the application.

We acknowledge the receipt of request of Rider of Policy no.:

Branch Name

Documents received with this request

Date

Time

Name of branch co-ordinator

Name of branch co-ordinator

Kotak Mahindra Life Insurance Company Ltd.

IRDAI Regn no:107,CIN: U66030MH2000PLC128503,Regd. Office: 8th Floor, Plot # C- 12, G- Block, BKC, Bandra (E), Mumbai- 400 051
For any correspondence kindly contact us at: 901 (A-Wing) & 902 (B-Wing), 9th Floor, Intellion Square (Building No. 4), Infinity Park, Off. W. E. Highway,
General AK Vaidya Marg, Malad (E), Mumbai - 400 097.

(+9122) 6725 6166 {D} 6742 5650 {F} 1800 209 8800 (toll free) www.kotaklife.com• Write to : kli.in/WECARE/ WhatsApp: 9321003007

CC\PS\Form\Rider Application and Questionnaire\004